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ABSTRACT

This paper outlines a family systems model for treating incestuous families and discusses strategies for working effectively with families who remain intact after disclosure or who attempt to reunite after a separation. This systems model suggests that incest results not from intrapsychic problems of the victim or the offender, but from a pattern of dysfunctional relationships. The therapist's role is described as identifying and changing these dysfunctional patterns and helping the family develop new, healthy patterns of relating to one another. Subsystems which interact within the family are described and the hierarchical arrangement of these subsystems is examined. A generally accepted view of the incest family is outlined and translated into structural therapy terms. Specialized techniques and principles of a structural family model are offered to aid the therapist in helping the family alter and restructure dysfunctional parent-child and marital relationships. A discussion following the presentation of the model focuses on ways that the legal system conflicts with the treatment model. Suggestions from the mental health perspective are offered for ways in which the two systems can work together to serve the best interest of the child and the family. (NRB)

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Family Therapy with the Incestuous Family

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The disclosure of an incestuous relationship within a family between an adult male caretaker and a female child has a significant impact on all of the family members. The family not only has to deal with the psychological trauma of the disclosure, but must also face the difficulties resulting from the criminal nature of incest. From the mental health perspective, family therapy is often recommended as treatment of choice to help alter the family system which led to the initial development of the incest and to resolve the issues resulting from disclosure. The perspective of the family therapist, however, often conflicts with the legal system's attempts to resolve the questions of guilt or innocence of the offender.

This paper will attempt to outline a family systems model for treating incestuous families and discuss strategies for working effectively with families who remain intact after disclosure or who are attempting to re-unite after a period of separation. Following the presentation of the model, a discussion will be presented concerning ways in which the legal system conflicts with the treatment model presented. Suggestions from the mental health perspective will then be offered for ways in which the two systems can work better together effectively to serve the best interests of the child and the family.

The dynamics involved in an incestuous relationship can be explained from differing theoretical perspectives ranging from concern with the individual pathology of the offender or the victim to a more systematic point of view in which the pathology is seen in the context of the relationships within the family. Because of the interactional nature of the incestuous relationship, a systems model of therapy seems especially

helpful for understanding the dynamics of incest and for developing treatment strategies. The strategies of the structural family therapy school of Salvador Minuchin (1974) and the strategic family therapy school of Jay Haley (1976) and Cloe Madanes (1981) seem especially helpful, since the theories are aimed at changing the structures of the family that lead to the dysfunctional patterns of behavior.

The occurence of an incestuous relationship according to a structural model is not seen as resulting from an intrapsychic problem of the victim or the offender but rather as resulting from a pattern of dysfunctional relationships. No one individual is responsible for its occurence and no one individual is responsible for eliminating the behaviors. Each of the family members (and extended family members in some cases) play a role in developing the dysfunctional patterns that led to the incest and can help to bring about the changes in the interaction sequences that can lead to more healthly functioning for the family.

The therapist's role is to identify and change these patterns or sequences of interactions within the family structure which supports these dysfunctional behaviors and to help the family develop new patterns of relating to each other which will decrease or eliminate the need for the pathological sequences and thus promote more satisfying relationships.

To identify these dysfunctional patterns within the family, it is important for the therapist to look at the way in which different subsystems within the family interact and to look at the general organization and hierarchical

arrangement of these units within the family structure. Each family consists of different units of interaction such as the husband-wife subsystem, the mother-father subsystem, the parent-child subsystem and the sibling subsystem. A set pattern of interactions often develops between these units. Pathological functioning within a family results when inappropriate patterns develop between units or when a confused or inappropriate hierarchical arrangement exists between the different units. In a family that is functioning well, flexible boundaries exist that allow individuals to function in different subsystems within the family at different times. For example, a mother can set limits and "parent" the child, while also being able to have friendly, happy times. In addition, the general structural organization of the family is such that there is a clear hierarchical arangement of the units. For example, parents are clearly in charge of making the decisions for children, older children are given responsibilities commensurate with their age, and grandparents serve as helpful resources to parents and to grandchildren. In addition, a healthy family provides the support and structure that allows for individuals to interact with others in the larger community by going to school, making friends outside the family, and working at a job.

In disturbed families, relationships are generally dysfunctional. Boundaries may be either too rigid or too diffuse and the hierarchy may be unclear. One parent may be over-involved with the rearing of the children, a grandparent or an older child may have taken on the role of the parent within the family, or people may be so over-involved with each other that they are unable to function with others in the community. A particular family member can then develop

symptoms as a reaction to or as an attempt to resolve or alleviate the stress within the family. The therapist's job is to help the family change these patterns so that the symptoms no longer serve this helpful or useful function and so that the member who developed the symptom can be relieved of the carrying the burden of stress-reducer for the family.

Briefly, the incest family has been described in the literature as being a socially isolated one and excluding themselves from community activities. The father is seen as the head of the nuclear family but usually in a powerless position outside the family, sometimes with a low level of employment or alcoholism problems. The relationship between husband and wife is also strained. The mother and daughter have made a role reversal with the daughter sometimes taking on the parenting of the younger children and some of the other responsibilities of the wife. Relationships between the mother and daughter are often described as hostile and distant, while ambivalent feelings exist towards the father. In addition,individual family members are described as having low self-esteem. (Meiselman, 1978; Justice, B. and Justice, R.; 1979).

This generally accepted view of the incest family can be translated into structural therapy terms. In terms of family boundaries, by having sexual relations with a child in the family, the father crosses the generational boundary that should exist between the husband-wife dyad and the children. By becoming her father's sexual partner, the daughter has taken over the role of the wife, and the father has given up the role of the parent. The mother has also given up her role of parent to the child often leading to the mother's playing a peripheral role within the family.

The marital relationship is also seriously disturbed since the parents have allowed the intrusion of the child into the marital unit. The child's place within this unit also removes her from her more appropriate role within the sibling subsystem. This often places the child in the role of surrogate parent

or parental child within the family and can lead to very poor relationships with the other children because of the preferential treatment that she is provided by the parents.

The family's ability to allow for interface with the larger community is also seriously impaired as a result of the incest. In order to maintain the secret, families often need to maintain a separateness and isolation from others and develop a rigid boundary around themselves as a unit. The lack of contact with the larger community that is created by the boundary further isolates the family and can further lead to a maintenance of the dysfunctional patterns.

As stated before, the therapist's role is to help the family alter these patterns of relationships between the units, but the task can often be an extremely difficult one in incestuous families where so many of the relationships are dysfunctional. Specialized techniques as well as the principles of a structural family model can be helpful, however.

One of the initial tasks for any family therapist and especially for the therapist working with an incestuous family is to join the family and develop the therapeutic system. The family needs to see the therapist as a person who is a helper to them and who understands their concerns in order for change to occur. Each therapist develops his or her own style for joining but the process generally involves contacting and developing rapport with each of the family members, respecting the family as a unit, and meeting and accepting the family where they are at the time without blaming or criticizing (Minuchin and Fishman, 1981).

Joining with an incestuous family can be very difficult for several reasons. After disclosure, family units are often disrupted either temporarily or permanently. While this disruption can provide for protection for the child

victim, it often makes it impossible to meet all of the family members at the beginning of therapy, just at the time it is important to develop a rapport and an understanding of each of the members.

In situations where the family is not disrupted, joining can also be difficult because of the denial which frequently is a central element in the incestuous family's functioning. The parent offender frequently denies any sexual involvement or tends to blame the child for being seductive or for being a liar or crazy. Mothers often react protectively towards their husbands and deny knowledge of the abuse or take a punitive stance towards the daughter. In face of family pressure, victims sometimes recant stories or downplay the seriousness of the pathology within the family.

Another factor which makes joining difficult is that after the disclosure the family often suffers from a great loss of self-esteem. Parents often lose their jobs, are sent to jail and can feel disgraced and demeaned by the negative reactions of others to the incest. Because of the allegation, the offender is in a particularly vulnerable position within his family and within the community. The child victim is also quite vulnerable when entering therapy. She may be feeling guilty for creating problems for her family, ashamed of the relationship she has with the offender, or hurt by the kinds of reactions her family and friends have shown her after disclosure. The negative feelings that the family brings with them can lead to general lack of trust in others and difficulty for the family in being able to trust the therapist as a helper.

Joining with such a family takes a great deal of care. The therapist must be careful to maintain the respect of the family and also deal with any negative feelings of "counter-transference" which he or she might be experiencing. It is also especially important for the therapist to form a strong alliance with the offender in the family since he is especially vulnerable and needs to have his

position within the family supported during the course of treatment. It is important that the therapist maintain an understanding and respectful position in regards to him, since blaming or showing feelings of disgust will not help to build a positive therapeutic relationship. To do this, for example, the therapist can help to identify the strengths of the father and begin to build on the positive aspects of his relationships with the family. If therapy is to be successful, the father must be engaged in working with the therapist so that he can assume his proper place within the hierarchy and provide appropriate parenting for his children.

It is also important for the therapist to build a supportive, non-blaming attitude with the other family members. Joining with the family can best be accomplished if the therapist takes the stance as a person to help them resolve the tension within their family and not as a person who will interrogate or find fault with one or more of its members. The theoretical model of the structural approach that sees pathology as developing within the context of the relationships is a helpful one for the therapist to keep in mind while joining with the family since it does not place the responsibility on one member. Maintaining the position that no one individual is entirely responsible for the situation can help the therapist maintain a neutral position of ally to the family rather than falling into a perjorative role of investigator of fault finder within the family.

After a level of trust has been developed and the therapeutic system has begun to be formed, the next task for the therapy becomes one of insuring that no further allegations of abuse occur within the family. If a child is to remain in family with the allegation of sexual abuse, it is essential that the child be protected from any possible future harm. Often families have difficulty discussing the abuse openly. Since denial is common especially initially in treatment

it is often difficult for families to even discuss the allegation of abuse. Confrontation of the family's destructiveness may be important in helping the family take responsibility for their behaviors as well as increasing the intensity concerning the severity of the allegations placed against the family (Minuchin and Fishman, 1977, p. 100-101). Framing a discussion about how the family would deal with any future allegations can also be a very important approach to take with the family (Tilley, 1980). For example, the therapist can help the family develop a plan about what each of them would do if any future abuse occurred including who would tell whom, what recourse the family would take (i.e. leaving home, calling police, etc.), and also what would happen if the allegation was a false one. In this way, the therapist is not forced into the role of determining if the abuse actually occurred, but is helping the family to avoid any abuse in the future by clearly defining the future consequences of such behavior for each member of the family and providing the family with a framework in which the incest can be discussed more openly.

The therapist can also use this process of developing the plan to assess the family's ability to protect the child adequately. Since the child needs to feel secure and safe in the home, it is essential that the family be able to follow through with the plan that they develop. By observing the family's functioning, the therapist can evaluate whether the family will be able to follow through or whether they need to make alternative arrangements for the child's placement either temporarily or permanently.

After a plan for protecting the child has been developed and evaluated, the therapist can then begin to focus more closely on improving the other dysfunctional relationships within the family.

Sexual abuse occurs in a family where many of the relationships are dysfunctional, and many changes need to occur to insure that the abuse stops. The mother-daughter relationship, for example, needs to become closer and more intimate so that communication is improved between them. The mother needs to take on the role of mother of the children. Interventions directed towards improving this relationship can then be made which help the mother and daughter to communicate with each other and which place the mother in the parental role with the children.

Likewise, the father-daughter relationship must become more distant and a-sexualized and the father needs to begin to parent appropriately. The therapist can help to support this by helping the family define appropriate ways for the father to interact with the daughter and to set consequences if inappropriate behavior occurs. Apologizing to the child and accepting responsibility for the act can also be very helpful in relieving some of the guilt and in helping them to return to more normal family roles.

In addition, the marital relationship needs a great deal of restructuring. The couple needs help in improving their ability to have their needs met with each other as is appropriate for adults. Sexual therapy is also often needed in order to improve the couple's ability to relate to each other sexually, and a clear boundary needs to be defined between the husband and wife dyad and the children. Much work will be needed to help repair the relationship between the couple so that they can take on appropriate roles as husband and wife and as mother and father for the children.

An additional task for the family is that each of the individual members needs to be able to relate to the larger community. Parents need to work, children need to go to school, and all must maintain contacts with others in the community. Treatment for alcoholism may be needed, for example, and support for finding a new or better job for the parents may be needed. For the children, encouragement may be helpful for joining clubs or organizations so that new friendships can result.

To accomplish the restructuring task, the family members can be seen in various groupings throughout the course of therapy. When working on the marital relationship, for example, the couple needs to be seen alone with the goal of providing privacy and beginning to make the necessary generational boundary between the units. The mother and daughter also need to be seen alone, and likewise, the father and daughter. Individual sessions can also be helpful to develop a sense of individuation from the family unit and develop better sense of self. The therapist, therefore, needs to provide a flexible therapy for the family, a therapy based on the needs of the particular family unit and the nature of the particular pattern of dysfunction within the family. If the family is successful in restructuring the relationships, then there is great likelihood that the incest will stop and that the family can begin to function more normally.

The model discussed so far has been concerned primarily with a family that has remained intact after the disclosure, but the model can be also be used in cases where the family does not remain intact. Even if the father leaves the

home voluntarily, is sent to jail, or is asked to leave by the family, the dysfunctional relationships between the other family members need to be repaired. The task then becomes one in which the family needs to work through the trauma of the incest and redefine the relationships to fit with the new family structure. The mother needs to take on the the role of the parent and must take charge of the family in the absence of the father figure. Supports must be found for the mother in her role as parent, and encouragement may be needed to help her take on the new role of single parent and single adult. The victim needs to be returned to her role as a child in the family and the issues of the child's safety within the family need to be addressed. If issues are not resolved successfully, pathology can continue within the family and can lead to futher difficulties for the family members.

The treatment model that has been described thus far has been concerned primarily with helping the family resolve the psychological issues involved in the incest. Yet incest is not just a psychological problem. Incest is also a crime and a form of child abuse, and so the family must also become involved with the legal system and lawyers. The criminal justice system is concerned with assessing the guilt or innocence of the alleged offender and what should be done with him if he is guilty. The child protection system is concerned with determining the proper intervention and placement for the child victim. Although both the legal system and the family therapist are concerned with serving the best interests of the child, the two systems often have different world views from which they determine these best interests. These world views or paradigms can conflict with each other and can be detrimental to the child and the family if not handled appropriately. Several of these conflicting areas will now be discussed.

The most basic and crucial difference between the two systems is that of the initial premise upon which they are based. For a system-oriented therapist, pathology exists within the context of the situation and not solely within an individual member. The criminal justice system, on the other hand, views the incest as the sole responsibility of the perpetrator and the task becomes one of determining the truth and ascertaining the guilt or innocence of the perpetrator. Situational factors within the family may be considered in the the prosecutor's decision to prosecute and as they affect the persuasiveness of the government's case but are not felt to be essential in the ultimate decision-making of the courts. The family therapist, however, sees these situational factors as essential to the development of the incest and works to change the structure rather than deal with the individual offender alone or determine his guilt or innocence. In fact, the therapist taking on the role of interogator with the family can be detrimental to the ultimate treatment goals of therapy. The child protection system lies midway between the two. While it believes that the incest is the sole responsibility of the perpetrator, it shares the therapist's concern with family structure and dynamics.

In addition, the legal system when prosecuting incest cases does not view the family unit in the same manner as does the family therapist. The family therapist is concerned with joining the family and honoring the hierarchy within the family, while the legal system often works against the hierarchical view of the family therapist. The children and parents are put into adversarial roles by the court proceedings, often with the child victim having a great deal of

power in determining what will happen in the family. This is especially true in a child abuse case in the family court, where the child is represented by a lawyer. This is opposite to the stance taken by the therapist who is concerned with helping to put the parents in charge in the family and giving them the power to make decisions for the family unit. The court proceedings often do a great deal to devalue the offender within the family unit, while the therapist attempts to join with and improve the self-esteem of the offender so that he can take on a more normal role within the family once again.

A third factor which often conflicts with the family therapist is the amount of time that the courts take before making a final decision on a case. When dealing with the family, a therapist tries to help the family reduce the stress they are experiencing, develop plans for dealing with problems within the family, and get back to normal functioning as quickly as possible. The legal system, because of various continuances, delays, need for information gathering, and the practice in many jurisdictions of having both criminal and family court proceedings with incest cases, often takes a great deal of time to resolve and can add a great deal of stress to the family functioning. Individuals can be re-traumatized as each new court date approaches which can make it very difficult for the family to begin to rebuild or work through the issues necessary for them to function together as a family. The indecision about the outcome of the court case also makes it very difficult for the family to plan for the future since it is unclear who will be in the family or what kind of decision will be made by the judge.

These areas of conflict can be quite troublesome for the therapist and for the family's lawyers who both feel they are working for the best interest of the child in the family. However, it is essential that the two systems find a way of complementing each other since neither the legal system alone nor the family

therapist alone can help the incestuous family. There are cases where the legal system cannot prosecute because of lack of evidence or an unwillingness of family members to testify, but help needs to be provided to alleviate the stress of the family members and insure that no future abuse occurs. There are also cases where no amount of therapy can change the family structure enough to insure a safe environment for the child, so the only recourse is to have the criminal justice system prosecute the offender and incarcerate him or to have the child protection system remove the child into foster care. In still other cases, families may be amendable to treatment, but need the backing of the court order so that they will attend sessions regularly and have some investment in therapy. Therefore, it seems essential that efforts be made to reconcile the perspectives of the two systems so that the best interests of the child can be served. Several ways will now be discussed.

The therapist can be of assistance to the legal proceedings in several ways. First, a therapist who is working with the whole family and is viewing the problem from a systematic point of view can provide valuable information on the family's functioning and the family's ability to change. Through the process of family sessions, the therapist can begin to evaluate the severity of the pathology within the system, the level of functioning of the individual members, and begin to make judgements concerning the long-term prognosis for the family unit. Having one family therapist in the role of evaluator of the members rather than several therapists interviewing different family members, can also be helpful, since one therapist can better understand how the different individuals function with each other and can offer a wider perspective on the case.

The therapist can also serve a useful function for the courts by providing general information on the family dynamics that are often involved with incest and by providing general information on child development.

The therapist can provide information for example, on how a child's level of cognitive development can impact on his/her ability to serve as a witness and remember case details or how behavior is often influenced by family dynamics. By providing this general kind of information, the therapist can help the courts to gain a wider perspective of the nature of the incest problem. This function may be filled by the therapist as consultant to the prosecutors, the probation office, and the child protection agency. It may also be filled when the therapist testifies as an expert witness in a trial or at a sentencing/disposition hearing.

An additional way in which the therapist can be of assistance is by helping the family to better understand the court and legal proceedings. The therapist can serve as a support and as a facilitator in helping the family to comply with the court requests. By being involved with the family throughout the court proceedings and after the final decision, the therapist can serve as a stabilizing force for the family and can help to insure compliance with court demands.

Likewise, the court system can be a helpful ally for the therapist. As stated earlier, the authority of the legal system can be used to insure a family's compliance with treatment. The court system can set up certain parameters and stipulations for the family to follow as conditions of probation either for all members in a child abuse disposition, or for the offender alone in a criminal sentence. The courts and the therapist, for example, can set up certain conditions for the father's return to the home or how the child will be cared for if returned home. In addition, conditions for monitoring the family's compliance can also be set up with the therapist.

In addition to insuring compliance for attending sessions, the court can also be helpful in counteracting the denial within the family. The confrontation of the police or the legal findings can be sufficient to stop the denial and when provided by support of the legal authority can lead to a willingness to engage in therapy. Even if the denial persists, a legal finding and a court order for therapy do provide grounds upon which a therapist can work to discuss the abuse with the family.

The legal system can also be helpful for the therapist if it makes modifications in certain aspects of the proceedings. Reducing the number of times family members tell the stories of the abuse can help to cut down on the trauma that they experience. Secondly, a timely processing of the cases through the court system can also help to reduce the trauma for the family and help them to reorganize their family more quickly. While the right to a speedy trial is the defendant's constitutional right, some judges laudably insist on speedy trial as an important consideration for the victim and the rest of society.

To summarize, then, a structural family therapy model can be helpful for treating both the incestuous family who has remained intact or one which is making an effort to be re-united after an incident of abuse. The emphasis is placed on defining the pathological sequences within the family and helping the family to improve the faulty relationship and restructure the hierarchy. Therapy can be very difficult because of the many faulty relationship within the family, but following several guidelines for working with incestuous families can be helpful at times.

Since incest is also a legal problem for the family, the therapist needs to make an effort to work effectively with the legal system. Providing input on the family's dynamics, helping the family throughout the proceedings and several modifications in trial proceeding can help the sometimes conflicting systems to better serve the best interests of the child and the family.

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